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26161 7590 02/14/2008

FISH & RICHARDSON P.C.
P.O. Box 1022
Minneapolis, MN 55440-1022

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/688,301	10/15/2003	Paul R. Erickson	05918-342001	8854

TITLE OF INVENTION: **PLASTIC SHEET REINFORCEMENT**

APPL.N. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$1740	05/14/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
RODRIGUEZ, RUTH C.	3677	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Fish & Richardson P.C.**

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Velcro Industries B.V.

Curacao

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050.

5. Change in Entity Status (from status indicated above)

☐ Ja. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ Jb. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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(Authorized Signature) /Brett A. Krueger/

(Date) March 3, 2008

Typed or Printed Name Brett A. Krueger

Registration No. 54,243

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